



Application for Employment

with **First United Methodist Church, 163 E. Wheeling St., Lancaster, Ohio, 43130**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date of application: _____ Birthdate: _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____ Social Security # _____

Telephone _____ Email address: _____

Position applying for _____

How did you hear of this opening? _____

Have you ever filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

(You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application and a background check may be required.) Yes No

If yes, please explain. _____

If you are under 18 years old, can you provide required proof of your eligibility to work? Yes No

On what date would you be available to start work? _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you available to work Full-time Part-time Flexible hours/days, please explain: _____

Education	School Name and Location	Year (Graduation)	Major	Degree
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High School _____

College _____

College _____

Other Training _____

In addition to your education, are there other skills, qualifications, or experience that we should consider?

Employment History Start with most recent employer.

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the Staff Parish Relations Committee, has any authority to alter the foregoing.

Signature _____ Date _____

